MCCARTHY NURSING HOME
124 SOUTH MONROE STREET
STOUGHTON

STOUGHTON	53589	Phone: (608) 873-7462		Ownershi p:	I ndi vi dual
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/01):	18	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/01):	18	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on $12/31$	/01:	12	Average Daily Census:	13

Services Provided to Non-Residents Age, Sex, and Primary Diagnosis of Residents (12/31/01) Length of Stay (12/31/01)								
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	8. 3	
Supp. Home Care-Personal Care	No					1 - 4 Years	33. 3	
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	83. 3	More Than 4 Years	58 . 3	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	16. 7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.0	•	100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	**********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt	
Congregate Meals	No	Cancer	0. 0	İ	j	Nursing Staff per 100 Re	si dents	
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)		
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	16. 7			
Transportation	No	Cerebrovascul ar	0.0			RNs	10. 0	
Referral Service	No	Diabetes	0. 0	Sex	% [LPNs	1. 7	
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,		
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	66. 7	Aides, & Orderlies	42. 9	
Mentally Ill	No	İ		Femal e	33. 3			
Provi de Day Programming for			100. 0		j			
Developmentally Disabled	Yes	İ			100. 0			

Method of Reimbursement

		Medicare litle 18			edicaid itle 19			0ther]	Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				12	100.0	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	100. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		12	100.0		0	0.0		0	0.0		0	0.0		0	0.0		12	100. 0

County: Dane MCCARTHY NURSING HOME

**************************************	******	**************************************	of Residents'	****** Condi t	ions, Services,	**************************************	·************** ′31/01
Deaths During Reporting Period		ή					
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	<i>J</i>	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		66 . 7	33. 3	12
Other Nursing Homes	0.0	Dressi ng	33. 3		33. 3	33. 3	12
Acute Care Hospitals	0. 0	Transferring	75. 0		8. 3	16. 7	12
Psych. HospMR/DD Facilities	0.0	Toilet Use	66 . 7		16. 7	16. 7	12
Rehabilitation Hospitals	0. 0	Eating	66. 7		33. 3	0. 0	12
Other Locations	100	*************	******	*****	*********	********	******
Total Number of Admissions	3	Continence		%	Special Treatm	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Receiving Re	espi ratory Care	0. 0
Private Home/No Home Health	0. 0	0cc/Freq. Incontinent	t of Bladder	50 . 0	Recei vi ng Tr	racheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	50 . 0	Receiving Su	ıcti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Os		0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tu		0. 0
Psych. HospMR/DD Facilities	16. 7	Physically Restrained	l	0.0	Receiving Me	echanically Altered Diets	16. 7
Rehabilitation Hospitals	0.0						
Other Locations	33. 3	Skin Care			Other Resident	t Characteristics	
Deaths	50 . 0	With Pressure Sores		0.0	Have Advance	Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	6				Receiving Ps	sychoactive Drugs	58 . 3

	This		DD	F		
	Facility %	**************************************	ilities Ratio	**************************************	lties	
	70	70	Matio	70	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	72. 2	84. 6	0. 85	84. 6	0. 85	
Current Residents from In-County	33. 3	41. 3	0. 81	77. 0	0.43	
Admissions from In-County, Still Residing	0. 0	17. 0	0.00	20. 8	0.00	
Admi ssi ons/Average Daily Census	23. 1	18. 6	1. 24	128. 9	0. 18	
Discharges/Average Daily Census	46. 2	22. 2	2. 08	130. 0	0. 35	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	16. 7	15. 8	1. 05	87. 5	0. 19	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	36. 7	50. 6	0. 72	49. 3	0. 74	
Psychol ogi cal Problems	58 . 3	46. 6	1. 25	51. 9	1. 12	
Nursing Care Required (Mean)*	2. 1	11. 0	0. 19	7. 3	0. 28	